

APPLICATION FOR A CHANGE IN PLAN OF ACTIVITIES FOR
POSTGRADUATE PROFESSIONAL EXPERIENCE

1. Name of Licensee: _____ License Number: _____

2. PPE Setting

A. Facility Name: _____

B. Address: _____
Street City State Zip Code

C. Telephone Number: Home () _____ Work () _____

D. Original date of PPE (need this date to credit for hours/segments already completed): ____/____/____

E. State the date of new employment or the date the change in plan of activities began: ____/____/____

F. Hours per week spent in : Speech-Language Pathology: _____ Audiology: _____

3. Supervisor

A. Name: _____ KY License Number: _____

B. Address: _____
Street City State Zip Code

C. Telephone Number: Home () _____ Work () _____

D. Place/Address of Employment: _____

4. Plan of Professional Activities

A. Applicant Activity:

| Applicant Activity | Number of HOURS Each WEEK to be Spent by Applicant |
|---|--|
| 1. Assessment , diagnosis and or evaluation | |
| 2. Screening | |
| 3. Habilitation/Rehabilitation | |
| 4. Inservice Training | |
| 5. Record Keeping | |
| 6. Other (specify) | |
| TOTAL (equal to hours/week) | |

B. Supervisory Activity:

| Supervisory Activity | On-Site Observations | Other monitoring Activities |
|-------------------------|----------------------|-----------------------------|
| Segment One | | |
| Segment Two | | |
| Segment Three | | |
| Total On-Site Occasions | | |
| Total Other Activities | | |

AFFIDAVIT

I, the named supervisor for the above named applicant for interim licensure, have devised and discussed this plan of activities for postgraduate professional experience with said applicant and accept responsibility for its implementation. Further, I do hereby certify that my Kentucky license is current, and will be maintained throughout this period.

SIGNATURE OF SUPERVISOR: _____ DATE: _____

I do hereby swear and affirm that the above information is true and correct to the best of my knowledge.

Licensee Signature: _____

Date: _____

Date Approved: _____ Approved By: _____

Date Denied: _____ Denied By: _____

Reason for Denial: _____